

The **DIVISION DASHBOARD** summarizes activity in a variety of service types of interest to the Division. The report aggregates/displays monthly counts.

The first section of the report contains raw data in table format, whereas the second section contains graphical representations of those same tables.

Included in the report is:

STATE-FUNDED ACUTE PSYCHIATRIC HOSPITALIZATION

Acute Psychiatric Hospitalization Clients Served and Bed Days Used: Count of the number of state-funded psychiatric clients served in Butler Hospital, and the total number of bed days used each month.

Notes: *MHRH is the payee of last resort, and thus is not billed for a client until they've exhausted other potential sources of reimbursement.*

Acute Psychiatric Hospitalization Clients Served by CMHO Status: Percent of psychiatric hospitalization clients served broken out by CMHO Status at the time of admission

Notes: *CMHO Status indicates whether or not each patient served in a state-funded psychiatric hospital bed had also been a client of the community mental health system (either as a CSP-community support or GOP-general outpatient client), at the time of hospital admission or sometime prior to hospitalization (back to FY99).*

-- *"New to the system" includes any person hospitalized who had never been a CMHO client from FY99 to present.*

Acute Psychiatric Hospitalization Clients Served by SA Diagnosis: Percent of psychiatric hospitalization client served who have a primary Substance Abuse Diagnosis

Notes: *In the event that the primary diagnosis upon admission is substance abuse, a given patient also may have a co-occurring mental health diagnosis.*

COMMUNITY EMERGENCY SERVICES

Mental Health Emergency Service Contacts: Count of face-to-face and telephone contacts for community support and general outpatient (CSP and GOP) clients served by the CMHOs.

Notes: *Emergency services are defined as immediate mental health intervention, evaluation, and care provided to persons in crisis at the CMHO, the home, or the other pertinent location on a 24-hour-a-day, seven-day-a-week basis.*

--*Emergency contacts must be performed by Emergency Service Clinicians.*

--*A limited number of follow-up contacts, i.e., three or fewer, can be reported as "emergency" contacts if conducted by an Emergency Services Clinician and if performed to assist in the immediate resolution of the crisis/emergency situation.*

--*Because telephone contacts are not billable for Medicaid purposes, they are captured more or less comprehensively by different agencies. One provider does not report any emergency telephone contacts.*

--*Emergency services is operated, and therefore reported differently across providers. For example, emergency services is part of central intake for some agencies, but not for others.*

--*The variations in reporting across providers, however, should be consistent across months, thus allowing trends in emergency services to be examined over time.*

OTHER INPATIENT CARE

SA Detoxification Admissions and Bed Days Used: Count of the number of admissions to free standing medical detoxification facilities (Phoenix & SSTAR) and the total number of bed days used each month, broken out by primary substance of use.

Notes: *Both State-funded and private pay clients are included in these counts.*

Residential Bed Utilization: Percentage of community residential beds (both mental health and substance abuse) that are occupied each month.

Notes: The Mental Health (MH) series represents the percentage of all licensed adult group home beds in the state that are utilized through any funding stream.

--The Substance Abuse (SA) series represents the percentage of all contracted beds utilized through just the DBH funding stream.

CRIMINAL/CIVIL JUSTICE INVOLVEMENT

ACI Intakes by SA/MH Service Utilizers: Percentage of people processed through intake at the Adult Correctional Institution (ACI) each month who were active MH or SA service clients at community providers either at the time of incarceration, or any time in the 12 months prior to incarceration.

Notes: The data only include adults incarcerated.

--RI is unique in that it has a minimal city/town jail system. Most overnight holds will be transferred and processed through intake into the centralized ACI.

--If a person was active at both MH and SA service providers either at the time of incarceration or before, they would be included in the percentage calculations for both.

TASC Admissions and Discharges: Count of admissions and satisfactory vs. unsatisfactory discharges by month to the Treatment Alternatives for a Safer Community (TASC) program.

Notes: The TASC program interviews substance abuse involved criminal offenders, refers them to appropriate treatment programs and monitors the individual's progress and treatment.

--"Satisfactory Discharge" indicates the client successfully completed their treatment program.

--"Unsatisfactory Discharges" are due to one of the following: Re-Arrest, No Contact with 30 days, or Failure to follow treatment plan.

COMMUNITY CLIENTS SERVED

Mental Health/Substance Abuse Clients Served: Count of clients served each month by community mental health organizations/substance abuse treatment providers through a variety of service types.

Notes: Counts of clients served may be duplicated across months and service types as the same client may receive multiple services, and/or across multiple months.

Mental Health

--MTT1 & MTT2: A subset of community support clients who receive RI's traditional version of Assertive Community Treatment, called Mobile Treatment teams (MTT1), or the more recent RIACT II (MTT2)

--Other CSP: The remaining community support clients who are not receiving MTT. This includes adult mental health group home clients.

--MH GOP: Adult clients receiving general outpatient services.

Substance Abuse

--Methadone: Outpatient dispensing of methadone at stable dosage levels for more than 21 days in the supervised treatment of an individual for opioid addiction.

--Intensive Outpatient (Day Tx): Provides 9 or more (intensive) or 20 or more (Day Tx) hours of clinical programming including counseling and education about substance abuse and mental health problems.

--SA Outpatient: Ambulatory treatment services including individual, family and/or group services; these may include pharmacological therapies.

If you have any questions about this information, please contact Noelle Wood at 462-6012 or nwood@mhrh.ri.gov.